



**CITY OF LONG BEACH**  
**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**  
**BENEFITS CERTIFICATE**

**CERTIFICATE OF GROUP HEALTH PLAN COVERAGE**

**\*IMPORTANT - This certificate provides evidence of your prior health/dental coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the 6-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.**

1. Date of this certificate: \_\_\_\_\_
2. Name of group health plan: \_\_\_\_\_
3. Name of participant : \_\_\_\_\_
4. Identification number of participant: (S.S. #) \_\_\_\_\_
5. Name of any dependent(s) to whom this certificate applies:  
\_\_\_\_\_  
\_\_\_\_\_
6. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. For further information, call: \_\_\_\_\_
8. If the individual(s) identified in items 3 and/or line 5 has at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here \_\_\_\_\_ and skip lines 9 and 10.
9. Date waiting period or affiliation period (if any) began (Hire Date) \_\_\_\_\_
10. Date coverage began: \_\_\_\_\_
11. Date coverage ended: \_\_\_\_\_ (or if coverage is continuing as of the date of this certificate; coverage will end on: \_\_\_\_\_).
12. Type of coverage: Single \_\_\_\_\_ Family \_\_\_\_\_

**Note: Separate certificates will be furnished if information is not identical for the participant and each beneficiary. Please contact your departmental Payroll/Personnel Assistant to obtain beneficiary certificate(s).**

**All City of Long Beach Health plans include the following classes of benefits: Mental health, substance abuse treatment, prescription drugs, accidental dental and vision care.**